

Level of knowledge of dental surgeons about drug prescription to pregnant women

Nível de conhecimento dos cirurgiões dentistas frente a prescrição medicamentosa a gestantes

Nivel de conocimiento de los cirujanos dentales sobre la receta de medicamentos para mujeres embarazadas

RESUMO

Objetivo: avaliar o grau de conhecimento dos cirurgiões dentistas frente a prescrição medicamentosa em pacientes gestantes. Método: levantamento de dados por meio de aplicação de questionário contendo 19 perguntas relativas prescrição medicamentosa em gestantes. Resultados: 33,01% dos participantes tinham entre 26 e 30 anos de idade, 31,07% possuíam entre 6 e 10 anos de tempo de serviço e 76,70% possuem alguma especialidade. Dos 103 entrevistados, 39,7% prescrevem ansiolíticos para gestantes, 15,4% prescrevem analgésicos contraindicados, 73,79% prescrevem penicilina como antibiótico de escolha, 39,7% prescrevem anti-inflamatórios, no anestésico de escolha 45,63% assinalaram Lidocaína + Epinefrina: 1:100.000 e 16,4% optaram por anestésicos não seguros. Conclusão: o nível de conhecimento dos cirurgiões dentistas em relação a média de acertos das perguntas sobre prescrição de medicações a gestantes foi insuficiente a necessidade de conhecimento frente a esse tipo de atendimento especial. Não houve diferença entre a quantidade de acertos e o maior ou menor tempo de experiência profissional.

DESCRIPTORIOS: Gestante; Prescrição de medicamentos; Odontologia.

ABSTRACT

Objective: To assess the degree of knowledge of dental surgeons regarding drug prescription in pregnant patients. Method: This is a cross-sectional, descriptive and analytical study through data collection through the application of a questionnaire containing 19 questions related to drug prescription in pregnant women. Results: The results showed that 33.01% of the participants were between 26 and 30 years old, 31.07% had between 6 and 10 years of service and 76.70% had some specialty. Of the 103 respondents, 39.7% prescribe anxiolytics for pregnant women, 15.4% prescribe contraindicated analgesics, 73.79% prescribe penicillin as the antibiotic of choice, 39.7% prescribe anti-inflammatory drugs, in the anesthetic of choice 45.63% indicated Lidocaine + Epinephrine 1:100,000 and 16.4% opted for unsafe anesthetics. Conclusion: It was concluded that the level of knowledge of the DCs in relation to the average of correct answers for the questions about the prescription of medications to pregnant women was insufficient, the need for knowledge regarding this type of special care. There was no difference between the number of correct answers and the greater or lesser length of professional experience.

DESCRIPTORS: Pregnant woman; Prescription of medications; Dentistry.

RESUMEN

Objetivo: evaluar el grado de conocimiento de los cirujanos dentistas sobre la prescripción de medicamentos en pacientes embarazadas. Método: se trata de un estudio transversal, descriptivo y analítico mediante la recolección de datos mediante la aplicación de un cuestionario que contiene 19 preguntas relacionadas con la prescripción de medicamentos en mujeres embarazadas. Resultados: Los resultados mostraron que el 33,01% de los participantes tenía entre 26 y 30 años, el 31,07% tenía entre 6 y 10 años de servicio y el 76,70% tenía alguna especialidad. De los 103 encuestados, el 39,7% prescribe ansiolíticos para embarazadas, el 15,4% prescribe analgésicos contraindicados, el 73,79% prescribe penicilina como antibiótico de elección, el 39,7% prescribe antiinflamatorios, en el anestésico de elección el 45,63% indica Lidocaína + Epinefrina 1:100.000 y 16,4% optaron por anestésicos inseguros. Conclusión: Se concluyó que el nivel de conocimiento de los CD en relación al promedio de aciertos de las preguntas sobre prescripción de medicamentos a gestantes era insuficiente, la necesidad de conocimiento respecto a este tipo de cuidados especiales. No hubo diferencia entre el número de respuestas correctas y la mayor o menor duración de la experiencia profesional.

DESCRIPTORIOS: Mujer embarazada; Prescripción de medicamentos; Odontología

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INTRODUCTION

Drug therapy during pregnancy should be careful. It is extremely important that the dentist, as a health professional, evaluates the need, effectiveness and risk/benefit ratio of drugs that can be prescribed to pregnant women,¹ because they are considered special patients because they are a risk group for oral diseases, in addition to presenting physical, biological and hormonal changes that end up creating adverse conditions in the oral environment.²

The study of drugs during pregnancy became of great importance in the 1950s and 1960s, when an increase in the incidence of phocomelia (imperfection of the limbs) in children of mothers who used thalidomide as an antiemetic during pregnancy was reported.¹ Over the past few years, drug therapy during pregnancy has been the subject of numerous publications that have provided data that make it possible to estimate the risk/benefit ratio of pharmacotherapies to reduce the possibility of systemic changes for both the pregnant woman and her baby.¹

Research carried out by the universities (UNESP) and (UNOESTE) of the state of São Paulo, proved the lack of knowledge of some graduates and undergraduates in relation to the correct prescription of drugs, with regard to the routes of administration for medication use, 4.17% (UNESP) and 25% (UNOEST) incorrectly prescribed the route of administration, only 9.72% (UNESP) and 54.4% (UNOEST) correctly used the patient's identification in the prescription and a relevant number of students made the prescription with legible handwriting, 15.28% (UNESP) and

20.45% (UNOEST).³

The prescription of drugs during the gestational period still raises doubts for the DS, since its action can cause damage to both the mother and the fetus, due to the placenta not being able to prevent that some drugs can cross into the bloodstream of the conceptus, which can cause congenital malformations, hemorrhages and pre-term births.¹ In addition, the first trimester of pregnancy is the most delicate and the one with the highest risk of harmful action for the fetus, as it is in this phase that the main embryological transformations occur, so the DS must be extra careful when administering drugs during this period.³

In view of the initial considerations, the objective of this work is to evaluate the degree of knowledge of dental surgeons, observing whether they know how to prescribe correctly for pregnant patients.

METHOD

This is a descriptive, cross-sectional study with a quantitative approach, carried out with dentists regularly enrolled in the Regional Council of Dentistry of Pará, working in the city of Belém do Pará.

The sample consisted of 103 dentists regardless of gender, age group, specialty and length of service. They were randomly selected by convenience sampling and who spontaneously agreed to collaborate with the study by signing the Informed Consent Form. As an exclusion criterion, dentists who were not active in the Regional Council of Dentistry of Pará and who did not reside in the city of Belém.

The research instrument was designed to meet the specific objectives of the study, being adapted from CANEPPELE's scien-

tific research.⁷ The application of the questionnaire was carried out through scheduled visits to clinics from 09/15/2021 to 10/15/21, which had dental care, only after the professionals signed the informed consent form - TCLE; thus respecting the norms and guidelines of resolution 466/12 of the National Health Council (CNS), which regulates research involving human beings. The opinion of the Research Ethics Committee with human beings was approved under nº 4,934,812 (CAAE nº 46972021.5.0000.5173).

The questionnaire was structured to collect data from dentists in order to characterize and define the profile of the professional and their behavior when prescribing drugs to pregnant patients. A self-administered questionnaire was used for data collection, containing 19 questions, the first 4 for identifying the professional (gender, age, length of service and specialty) and the other 15 multiple-choice questions to assess the professional's level of knowledge about drug prescription for pregnant women.

The collected data were automatically stored in an Excel spreadsheet. Exploratory data analysis was performed in order to summarize, organize and describe the characteristics of the dataset. For the development of the study, the Chi-Square test was used with a significance level of 5%.

RESULTS

The sample calculated for the research was 346 DSs from the total number of active professionals who were 3,413 dentists; however, due to restrictions caused by the pandemic, a sample of 103 DSs was obtained.

The data obtained regarding the profes-

sional profile of the research participants are shown, as shown in table 1:

Of the 103 questionnaires answered, it was found that in relation to the time of professional practice, there was a homogeneity with better performance of the participants from 21 to 25 years of profession.

The specialty that obtained the highest number of correct answers (80%) was in public health management.

In the research form, the DS's conduct was questioned regarding the prescription or not of anxiolytics for pregnant women. The results were presented in table 2:

As for the administration of antibiotics, 73.7% of the participants recommend penicillin, followed by erythromycin (8.7%), as shown in table 3:

When prescribing anti-inflammatory drugs, it was possible to observe that 60.1% do not prescribe this class of medication, as shown in Table 4:

Com relação aos analgésicos de escolha, verificou-se que o paracetamol foi indicado por 83,5% dos participantes, seguido da dipirona sódica, conforme a tabela 5:

Regarding the type of anesthetic used during the care of pregnant women, the choice of each interviewed DS, according to table 6:

The average number of correct answers regarding the prescription of drugs: anxiolytics, antibiotics, anti-inflammatory drugs, analgesics and use of local anesthetics was 66.6%.

As a result of the SARS-CoV-2 (COVID-19) pandemic, there was great difficulty in collecting research data. Many clinics and dental offices were closed during the pandemic period, making access to dentists' workplaces difficult. As well as congresses, conferences, symposia. With the increase in the number of vaccinated, there was a flexibility and the field research continued with restrictions, but the flow of dental surgeons decreased considerably in the co-participating clinics and some refused to participate in the interview with the justification that they did not like to be evaluated, showing the difficulty of carrying out scientific research in Brazil. The survey was carried out 100% in person in the municipality of Be-

Table 1. Profile of dentists interviewed in the city of Belém-Pará in the year 2021, regarding drug prescription to pregnant women.

	N (%)	P-valor
Gender		
Female	62 (60,19%)	0,048
Male	41 (39,81%)	
Age		
21 to 25 years	9 (8,74%)	<0,0001
26 to 30 years	34 (33,01%)	
31 to 35 years	23 (22,33%)	
36 to 40 years	15 (14,56%)	
41 to 45 years	10 (9,71%)	
46 to 50 years	7 (6,80%)	
51 years or older	5 (4,85%)	
Profession Practice Time		
Less than 1 year	7 (6,80%)	<0,0001
1 to 5 years	30 (29,13%)	
6 to 10 years	32 (31,07%)	
11 to 15 years	14 (13,59%)	
15 to 20 years	12 (11,65%)	
21 to 25 years	2 (1,94%)	
26 years or older	6 (4,83%)	
Speciality		
No	24 (23,30%)	<0,0001
Yes	79 (76,70%)	
Specialty Type		
Oral and maxillofacial surgery and traumatology	3 (3,80%)	<0,0001
General clinic	2 (2,53%)	
Dentistry	4 (5,06%)	
Endodontics	12 (15,19%)	
Public Health management	1 (1,27%)	
Facial Harmonization	1 (1,27%)	
Implantology	8 (10,13%)	
Pediatric Dentistry	5 (6,33%)	
Orthodontics	20 (25,32%)	
Periodontics	3 (3,80%)	
Prosthesis	6 (7,59%)	
Collective health	2 (2,53%)	
Family health	2 (2,53%)	
Two or more specializations	10 (12,66%)	

Source: survey data - Year 2021.

lém, in order to have the greatest possible fidelity in obtaining the results.

DISCUSSION

Drug use during pregnancy is the norm, not the exception. According to a French study, drugs are prescribed to 90% of all pregnant women, however, there is still a sense of unease around this issue, both among health professionals and among pregnant women. It is not uncommon for uncertainties in the assessment of fetal risks associated with drug use during pregnancy to trigger irrational behavior, potentially resulting in discontinuation of treatment.⁴

Regarding anxiolytics, (39.7%) participants reported that they prescribe them to tense pregnant women before care. The most commonly used benzodiazepines are: alprazolam, clonazepam, lorazepam and Diazepam, in pregnancy it increases the risk of miscarriage, adverse birth outcomes and adverse child development outcomes.⁶

Use of benzodiazepines until birth can result in neonatal respiratory depression and longer lasting symptoms, even soft baby syndrome. When given in the first two trimesters of pregnancy, they are linked to a higher occurrence of cleft lip, cleft palate, heart problems and inguinal hernias.⁷

As for antibiotics, (73.7%) of the participants recommended penicillin as the antibiotic of choice for pregnant women. Penicillins are widely used during pregnancy for various bacterial infectious indications. Amoxicillin, a small-sized penicillin, readily crosses the placenta after absorption into the bloodstream and is prescribed as a single drug and in combination with clavulanic acid primarily for the treatment of urinary tract and respiratory infections.⁸

First trimester exposure to amoxicillin and amoxicillin combined with clavulanic acid is not associated with an increased risk of major congenital malformations in general, or specific major congenital malformations related to organ systems.⁸

Cephalosporins, penicillins, erythromycin (except estolate), azithromycin and clindamycin have a good safety profile in pregnant women. Although erythromycin

Table 2. Conduct of dentists in the face of tense pregnant women in dental care.

Answers	N°	%
Suspend the service	54	52,40%
Administer an anxiolytic 30 minutes before care	35	33,90%
No problems with service	8	7,70%
Administer an anxiolytic 1 day before care	6	5,80%
	103	100%

Method: Chi-Square Test p-value <0.0001

Source: survey data - Year 2021.

Table 3. Choice of antibiotics when prescribing.

Answers	N°	%
Penicillin	76	73,70%
Erythromycin	9	8,70%
Cephalosporin	5	4,80%
Other	13	12,60%
	103	100%

Method: Chi-Square Test p-value <0.0001

Source: survey data - Year 2021.

Table 4. Choice of anti-inflammatory when prescribing.

Answers	N°	%
Are not prescribed	62	60,10%
Ibuprofen	20	19,40%
Nimesulide	18	17,40%
Sodium diclofenac	3	2,90%
	103	100%

Method: Chi-Square Test p-value <0.0001

Source: survey data - Year 2021.

Table 5. Escolha de analgésico no momento da prescrição.

Answers	N°	%
Paracetamol	86	83,50%
Ibuprofeno	8	7,70%
Dipirona Sódica	8	7,70%
outros	1	2,90%
	103	100%

Method: Chi-Square Test p-value <0.0001

Source: survey data - Year 2021.

and azithromycin have good safety profiles, clarithromycin, another macrolide, has produced adverse pregnancy outcomes in animal studies, tetracyclines such as doxycycline and minocycline, which can cause damage to the pregnant woman's liver and dental enamel dyschromia in the baby, should be avoided, as well as gentamicin, which causes fetal ototoxicity.⁹ Doxycycline is avoided because other tetracyclines have been associated with transient suppression of bone growth and staining of developing teeth.¹⁰

Sulfonamides which are highly toxic in the last trimester of pregnancy and chloramphenicol which is concentrated in high serum levels in the fetal organism, leading to cyanosis "gray baby syndrome", abdominal distension, hypothermia, culminating in the death of the fetus.⁷

Chlorhexidine (in concentrations of 0.05–0.2%) is an antiseptic active ingredient present in many types of mouthwashes. It belongs to FDA category B, as animal studies have not shown teratogenicity at high doses, but there are no controlled data obtained in human pregnancies, and therefore its use in pregnancy is recommended only if necessary. Also, all products that contain alcohol should be avoided during pregnancy.⁹

In prescribing anti-inflammatory drugs, (39.7%) prescribe some type of anti-inflammatory such as ibuprofen, nimesulide and sodium diclofenac. Ibuprofen, naproxen, diclofenac, and piroxicam are not considered teratogens but may have adverse effects on the fetus when administered in the third trimester. The risks and benefits of treating pain or fever depend on the dose, gestational age, and duration of therapy. Some reports link this to prolonged pregnancy and postpartum bleeding. A study with ibuprofen showed that it is associated with miscarriages, so it is recommended not to use NSAIDs (non-steroidal anti-inflammatory drugs) when there is a history of recurrent miscarriages. They are allowed up to 300 weeks.¹⁰

The increase in endogenous adrenergic discharge, stress and other physiological changes resulting from uncontrolled pain

Table 6. Characterization of anesthetics used in pregnant patients.

Answers	N°	%
Lidocaine + Epinephrine: Lidocaine and Epinephrine 1:100,000	47	45,60%
Lidocaine + Epinephrine: Lidocaine 2% and Epinephrine 1:50,000	20	19,40%
Lidocaine: Xylocaine 2%	10	9,70%
Lidocaine + Norepinephrine: Lidostesim with Norepinephrine 2%	7	6,80%
Lidocaine + Norepinephrine: Lidostesim C/Norepinephrine 3%	5	4,80%
Mepivacaine + Le-Vonordefrine: Mepivacaine 2% with Levonordefrin	5	4,80%
Other	3	2,90%
Prilocaine + Felipressin	2	1,9%
Lidocaine + Norepinephrine: Lidocaine Xylestesin 2% with Norepinephrine 1:50,000/	2	1,9%
Lidocaine + Norepinephrine: Xylocaine 2% with Norepine-Frina 1:100,000	2	1,9%
	103	100%

Method: Chi-Square Test p-value <0.0001

Source: survey data - Year 2021.

in the mother are more harmful to the fetus than the use of analgesics and are similar to the damage caused by infectious processes.⁷ Paracetamol was indicated by (83.5%) of the participants, this drug in pregnant women is the first choice as an antipyretic and analgesic.

Acetylsalicylic acid is not recommended due to the risk of postpartum hemorrhage,¹⁰ it can also lead to prolonged labor, increased bleeding time, in addition to a decrease in platelets in the newborn.⁷ It is preferable to administer paracetamol, which also causes less gastric inflammation.¹⁰ The use of NSAIDs in the early months of pregnancy should also be avoided, as some authors report an increased risk of septal heart defects in newborns of mothers who took NSAIDs such as ibuprofen, naproxen, and ketoprofen.⁹ The new category of cyclooxygenase type 2 inhibitors (celecoxib and rofecoxib) has been classified in category C, these drugs should also be avoided in the first trimester because they can cause premature closure of the ductus arteriosus.⁹

Dipyron has recently been avoided, as its chronic use has increased the risk of agranulocytosis.⁷

Regarding the anesthetic of choice for

use in pregnant patients (45.63%), responses were attributed to Lidocaine + Epinephrine: 1:100,000. Local anesthetics are the most used in dental treatment. Therefore, it is important to understand the potential effects of local anesthetics during pregnancy.⁹

The local anesthetic is transferred to the fetus slowly, and its margin of safety is also increased. Considering how local anesthetics have little direct effects on the fetus, even at submaximal doses, lidocaine can be considered relatively safe for use in pregnant women. However, epinephrine can reduce blood flow from inside the uterus to the outside.⁹

Mepivacaine 3% without a vasoconstrictor and Xylocaine 2% also without a vasoconstrictor should be avoided. According to Silva, 1990, preference should be given to those that cause a lower elevation of blood pressure, with anesthetics with vasoconstrictor that increase the duration of anesthesia being the first choice. The use of prilocaine close to delivery can cause cyanosis due to reduced oxygen in the newborn's blood, as the octapressin present in Citanestesti stimulates contraction of the uterine muscles, similarly to oxytocin,

which can cause an abortion.⁷

In one chair session, a pregnant woman can be given up to 5 tubes of 2% Lidocaine containing epinephrine at a concentration of 1:100,000.⁹

Among the questions applied, for the most part, a remarkable percentage of correct answers was noticed, however, not least, there were serious errors that put the well-being and health of the patient and her baby at risk. Analyzing the percentage of errors in the drugs most prescribed by dentists, a good amount of errors in the use of anxiolytics was obtained (Table 2), about 39.8% of the participants chose to prescribe anxiolytics, if using benzodiazepines, will have serious developmental consequences, increasing the risk of miscarriage, adverse birth outcomes, and adverse child developmental outcomes.⁶

Regarding analgesics, dipyrone is routinely prescribed to pregnant women, however, when it is not intended to pose risks to the pregnant woman, its use should be avoided, as it has increased the risk of agranulocytosis.⁷ As with any type of non-steroidal anti-inflammatory drug, some

authors report an increased risk of septal heart defects in newborns of mothers who took NSAIDs.⁹ However, we observed that 15.4% of those surveyed chose to use dipyrone and ibuprofen. A study with ibuprofen showed that it is associated with miscarriages, so it is recommended not to use NSAIDs (non-steroidal anti-inflammatory drugs) when there is a history of recurrent miscarriages. They are allowed until the 30th week.¹⁰

In table 6, we observe that 9.7% chose Lidocaine: Xylocaine 2%, but anesthetics without vasoconstrictor should be avoided, preference should be given to those that cause a lower elevation of blood pressure, being the first choice anesthetics with vasoconstrictor that increase the duration of anesthesia.⁹ About 4.8% of dentists chose 2% Mepivacaine with Levonordefrin, some publications document fetal bradycardia due to the use of bupivacaine or mepivacaine and therefore are classified in category C.⁹ 99.8% of dentists opted for safe antibiotics for pregnant women (penicillin, erythromycin and cephalosporin), avoiding tetracyclines such as doxycycline

and minocycline, which can cause damage to the pregnant woman's liver and dental enamel dyschromia in the baby, as well as gentamicin, which causes fetal ototoxicity.⁹ Sulfonamides which are highly toxic in the last trimester of pregnancy and chloramphenicol which is concentrated in high serum levels in the fetal organism, leading to cyanosis "gray baby syndrome", abdominal distension, hypothermia, culminating in the death of the fetus.⁹

CONCLUSION

It was concluded that the level of knowledge of the DSs in relation to the average of correct answers on issues related to the prescription of drugs to pregnant women was insufficient to the need for knowledge, facing this type of special service and that the longer professional experience did not result in greater knowledge on the subject. In this way, there is a clear need for qualification of dentists, so that they can use the correct procedures and safely prescribe the pregnant woman, minimizing possible side effects of the drugs on the fetus.

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